



Romania

FINANCING OF CARE SERVICES FOR PERSONS WITH DISABILITIES

Written by Magda Şotropa

Coordination and Editing by Policy Impact Lab

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Executive summary

Social services in Romania are organized and financed at community level (county or municipality, town, commune) and may be provided by public or private providers. In the 320 municipalities and towns, respectively 2861 communes at the end of 2019 there was a number of 1,166 accredited social services providers, for all type of beneficiaries (disability, elderly, children, victim of violence or traffic, homeless), of which 267 were in urban areas and 899 in rural areas. 66% of the providers was private providers and 34% was public providers, but 55% of the social services was provided by public providers and 45% by private providers. Accreditation, respectively licensing, is a mandatory procedure for all social service providers operating in the territory of Romania. Accreditation of social service providers and licensing of the social services are based on specific criteria, which represent the basic requirements that highlight their ability to set up, manage and provide social services. The licensing for social services provision for persons with disabilities is issued by the National Authority for the Protection of Persons with Disabilities, Children and Adoptions – ANPD under the Ministry of Labour and Social Protection.

At county level, the General Directorates of Social Assistance and Child Protection (DGASPC) of each county is the specialised public institution, established under the county councils (or local councils of the districts of Bucharest) in order to ensure the application of social policies for, inter alia, persons with disabilities, with the main role in the administration and provision of social benefits and social services. DGASPC is one of the main providers of social services.

The responsibility of financing the social services is at local community level. This creates huge discrepancies between regions of the country, rural and urban areas, as well as between communes, towns and municipalities. The towns and communes do not have enough money to support the development of social services for persons with disabilities in the community.

The financing of the social services for adults with disabilities is provided mainly from the public budget, the private sector ensuring only a very small percent. An important part of the amounts is transferred from the central state budget to local budgets for certain services, but there is not a certainty of the amounts transferred each year, the local authorities facing important problems

in financing social services, being necessary to cover the rest of the amounts from the local budgets. This results in delays of development of social services, payment of wages and services.

Most part of the amount (85%) spent by the social services for adults with disabilities is used for social services supporting ; 0.4% day d disabilities, mainly for the wage of the personal assistants/caregivers/monthly allowances, but main part of the personal assistants/caregivers are not sufficiently qualified or trained to meet the needs of the disabled adults. Residential centers are spending the second amount of (13.6%) social services for adults with disabilities, even that there are providing services for only 2.25% of the adults with disabilities. The day center services are spending around 0.4% of the social services. Respite centers spending are marginal. There are often long waiting lists for public financed residential centre. Recovery and rehabilitation centres are in many cases overpopulated.

An important problem is the shortage of qualified personnel. The quality of services regarding the recovery, rehabilitation and social integration of the adults with disabilities in the community is weak due to the lack of specialists in the field, especially in rural areas.

Main Findings

- ★ Currently available data does not allow to draw a clear picture of the main funding model applicable to disability care services in Romania. Public provision is financed locally from funds transferred from the central budget and accounts for over 50% of disability care services. The remainder is provided by private non-profit providers, who are financed through (presented in the order of importance) subsidies and grants from the public sector, sponsorships and donations, public procurement, user contributions, social economy activities and European funds.
- ★ Financing the social services for adults with disabilities is the responsibility of the local authorities;
- ★ The social services for adults with disabilities are financed mainly by the public budget;
- ★ The share of the expenditure of the private social services providers in general expenditure is small due to the lack of financial resources available;

- ★ ANPD recognizes the limited access of adults with disabilities to social services, empowerment and rehabilitation activities as a problem to be addressed by the Strategy to be adopted for period 2021-2027;
- ★ The lack of development of day care and home care services, especially in rural areas is due to the governance of funding which leaves responsibility with the local level which in some cases is less well financed;
- ★ Most of the amounts of the social services for adults with disabilities are spent for social services supporting independent living of adults with disabilities, mainly for the wage of the personal assistants/monthly allowances, but most of the personal assistants are not sufficiently qualified or trained to meet the needs of the disabled adults;
- ★ There is an important emphasis in government policy on deinstitutionalisation of disabled adults, but the social services for adults with disabilities as day centers, home care and respite centers need more financial support.

Introduction

Legal framework

The main legislation related to the funding of social care services for PWDs in Romania comprises the following:

- ★ Law 448/2006 regarding the Protection and Promotion of the Rights of Disabled Persons, is the basic law regulating the field;
- ★ Law on social assistance no. 292/2011;
- ★ Law no 197/2012 on quality of social services;

Romania is organised into 41 counties and Municipality of Bucharest, which is organised in six districts. Each county is organised in municipalities, towns and communes. In Romania there are 320 municipalities and towns and 2861 communes. The administrative management at the level of the county is ensured by the county council. The administrative management at the level of municipalities, towns and communes is ensured by the local councils.

The responsibility for the development, administration and provision of social services is shared as follows:

- ★ **Ministry of Labour and Social Protection (MLSP) and the National Authority for the Protection of Persons with Disabilities, Children and Adoptions (ANPD)** are responsible for drafting of public policies, national programs and strategies in the field, regulation, coordination and control of their application; **Social Inspection** ensures the quality evaluation and monitoring of social services;

- ★ **The General Directorates of Social Assistance and Child Protection (DGASPC) of each county** are the specialised public institution at county level, established under the county councils (or local councils of the districts of Bucharest) in order to ensure the application of social policies for, inter alia, persons with disabilities, with the main role in the administration and provision of social assistance benefits and social services.
- ★ **Local public administration authorities (municipalities, towns or communes)** are involved through the public social assistance service/unit - organize, manage, provide and finance social services.

The types of social services, including social services for persons with disabilities, are set by the Government Decision no 867/2015¹. There are minimum standards for each type of social service for persons with disabilities and minimum costs standards, approved by Government Decision no. 978/2015, updated by Government Decision no. 426/2020. Accreditation, respectively licensing, is a mandatory procedure for all social service providers operating in the territory of Romania. Accreditation of social service providers and licensing of the social services are based on specific criteria, which represent the basic requirements that highlight their ability to set up, manage and provide social services. Compliance with the criteria is attested by an accreditation certificate, for an indefinite period.² The license issued for a social service provider has a validity period of 5 years. The licensing for social services provision for persons with disabilities is issued by

1 https://www.servicii-sociale.gov.ro/source/Nomenclatorul-serviciilor-sociale_RO.pdf

2 The list of accredited social services providers is available at <https://www.servicii-sociale.gov.ro/registru-electronic-unic>

the National Authority for the Protection of Persons with Disabilities, Children and Adoptions - ANPD.

Out of a total of 4,175 licensed social service providers, as of 31 December 2019, 559 social service providers target persons with disabilities as the main category of beneficiaries³. The number of localities with accredited social services providers, for all type of beneficiaries (disability, elderly, children, victim of violence or traffic, homeless) at the end of 2019 was 1,166, of which 267 were in urban areas and 899 in rural areas.⁴ Access to services and support from the state is dependent on the category of disability and not on age. According to official data on 31 December 2019, the total number of adults with disabilities in Romania was 778,420 persons. The majority of adults with disabilities 97.75% (760,858 persons) are in family care and/or living independently and only a small proportion, of 2.25% (17,562 persons)⁵ are in residential centers for adults with disabilities.

The social services provided by public and private providers are organized at the territorial level as follows:

- ★ *social services of local interest*, addressed to beneficiaries living in the territorial area of the commune, city, municipality, respectively of the sectors of Bucharest municipality. Public social services of local interest are financed from the local budget of the commune, town or municipality.
- ★ *social services of county interest*, addressed to beneficiaries who live within the county. Beneficiaries of the county services are resident in that county. Public social services of county interest are financed from the county budget.
- ★ *Social services may serve beneficiaries from several counties*, in which case the establishment, their organization and financing are based on a partnership contract that is approved by decisions of the partner counties or local councils.

Social services are organized at community level, depending on the needs identified, number of potential beneficiaries, complexity of situations and the degree of social risk, and may be provided by:

- ★ public providers of social services: specialized structures within/under subordination to local authorities and executive authorities of administrative units organized at commune, town, or municipality level and in the districts of Bucharest.
- ★ private providers of social services: Non-governmental organizations (associations and foundations on social activities); religious organisation; individuals; subsidiaries and branches of international associations and foundations recognized in Romania.

Social services are established by the decision of the local / county council for public social service provider or by the decision / decision / disposition of the management body provided by law for private social service provider, which also specifies their number of beneficiaries. Social services for adults with disabilities has the establishment permit issued by ANPD.

According to the data of the Ministry of Labour and Social Protection at the end of 2019, 66% of the providers are private providers and 34% are public providers, but 55% of the social services are provided by public providers and 45% by private providers.⁶

Financing for providers of social services for persons with disabilities

The responsibility of financing the social services is at local community level (county or municipalities, towns or communes). This creates huge discrepancies between different regions in the country, rural and urban areas,

3 <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/5888>

4 The actual geographical distribution of the social services for people with disabilities is available at: <https://portalgis.servicii-sociale.gov.ro/arcgis/apps/MapJournal/index.html?appid=80a803fab834a67971c1053a65c18bd>; while the geographical distribution of the social services *needed* for people with disabilities is available at: <https://portalgis.servicii-sociale.gov.ro/arcgis/apps/MapJournal/index.html?appid=452fcc543d224674addca36d6f2ff703>

5 <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/5888>

6 <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/5888>

as well as between communes, towns and municipalities. Local communities have a lot of responsibilities, but not always the necessary funds to cover all responsibilities. Often towns and communes do not have enough money to support the development of social services for persons with disabilities in the community. Most of the social services are developed in the municipality where is located the county council and General Directorates of Social Assistance and Child Protection (DGASPC) due to the higher finance resources.⁷

Public providers of social services for persons with disabilities are financed by the state budget, county or local budget; contribution of the beneficiaries; sponsorships and donations.

In the case of private providers, which are NGOs, financing is ensured by contracts obtained on the basis of Law no 98/2016 on public procurement; grants on the basis of projects in line with Law no 350/2005; subsidies for certain types of expenditures while providing social services in line with Law no 34/1998; sponsorships and donations; own income obtained by social economy units; contributions of beneficiaries.

The implementation of the Law no 98/2016 on public procurement in the case of social services is preferred by the private social services providers due to the reimbursement of the costs of services at the level of minimum standards cost/beneficiary/year/type of services provided by the Government Decision no 987/2015, but there is no general and systematic use of the procedure by the counties and local authorities.

Law no. 34/1998 on granting subsidies to Romanian associations and foundations which set up and administer social assistance units provides the possibility of NGOs to obtain financing for social services based on certain criteria. In the case of social services provided at local level, the application for subsidies are sent to the local authority. In the case of NGOs providing social services in at least two counties, the applications are sent to the Ministry of Labour and Social Protection. The average monthly level of the subsidy granted from the state budget for a beneficiary is: a) 250 RON (EUR 53) / person in a residential center (3,000 RON/year, EUR 638/year); b) 175 RON (EUR 37) / person in a day center (2,100 RON/

year, EUR 447/year); c) 120 RON (EUR 25.5) / person beneficiary of home care services (1440 RON, EUR 306/year). These amounts are far from the minimum standard costs/beneficiary/year provided by the Government Decision no. 978/2015 on the approval of cost standards for social services as EUR 7,517/year/beneficiary in the residential center; EUR 5,292/year/beneficiary for home care services and EUR 4,128/year/beneficiary for services provided in a day center. The Ministry of Labour and Social Protection publishes the amounts spent every year and the number of beneficiaries only in the case of subsidies for NGOs operating in at least two counties; data in the case of local authorities are not aggregated.

Law no 350/2005 regulates the granting of funds for NGOs on the basis of the public selection of projects, based on certain criteria, by a commission. The grants are given - by the county councils and/or municipalities, towns and communes councils - for all types of activities of NGOs: social assistance, education, sports, others.

Financing of the social service system

CENTRAL STATE BUDGET

The income tax collected by each municipality, town or commune is income to the general state budget. Every year, from the amounts coming from the income tax, by the state budget law, a percentage (11.25%) is distributed for the county budget and a percentage (41.75%) for the budgets of communes, towns and municipalities, 18.5% being distributed in a separate account, opened on behalf of the general direction of county public finances, for use of the local budgets of communes, cities and municipalities, as well as the local budget of the county.

These amounts are used to finance all the services at local level: health, education, social assistance, public order, culture and social services for adults with disabilities. Other amounts are provided every year in the Annexes 4 and 5 of the Law on the state budget targeted to finance the residential centers and personal assistants/monthly allowance. In last two years the amounts were decreased, in 2020 the Law no 5/2020 on the state budget provided just 50% ⁸of the necessary amounts, the rest being necessary to be ensured by the local budgets.

⁷ Interviews

⁸ <http://legislatie.just.ro/Public/DetaliiDocument/221847>

COUNTY BUDGET

The county council finances, inter alia, the public social services providers that administers. The other social services are contracted by procurement, grants on the basis of projects or subsidies awarded to the NGOs. At county level, the General Directorates of Social Assistance and Child Protection (DGASPC) drafts the annual action plan regarding the social services administered and financed from the county and proposes them for approval to the county council. The annual action plan includes detailed data on the number and categories of beneficiaries at county level, existing social services at county level, proposed social services to be set up, the program for contracting services from public funds, the estimated budget and the sources of financing. The county annual action plan is drafted taking into account the local action plans at the level of municipalities, towns and communes. The program for contracting services from public funds provides the amounts for the services proposed to be procured on the basis of the procurement Law no 98/2016, the amounts for grants on the basis of projects in line with Law no 350/2005 and subsidies for certain types of expenditures incurred while providing an existing social service by NGOs in line with Law no 34/1998. After the approval of the law on the state budget, the county council approves the county budget on the basis of the indicators set in the law and approves the annual action plan regarding the social services administered and financed by the county. The county authorities may contract social services with accredited private social service providers, in accordance with the Law no 98/2016 on public procurement. The financing of the DGASPC is ensured from the county budget/local budget of the district of the Bucharest municipality. DGASPC is the main public provider of social services at county level. However, in general, the social services for adults with disabilities are financed according to the available budget and not according to the needs⁹.

BUDGETS OF COMMUNES, TOWNS AND MUNICIPALITIES

The local council of municipalities, towns and communes finances the public social services that administer, the other social services being ensured through contracts

under public procurement or subsidies/grants awarded to NGOs. The budget of the communes, towns and municipalities follows the same process of the county. However, especially in communes, due to the lack of specialised personnel, the annual action plan is not properly drafted, in many cases only adults with severe disability being taken into account, not all adults with disabilities¹⁰.

One of the main issues is the financial sustainability of private social services for adults with disabilities due to the uncertainty on the financing source, changes being possible to occur every year.

The minimum standards of social service providers include specific quality standards, regarding the structure, qualification and accountability of staff working in the social service. The providers have to train yearly the employed staff. The Social Inspection under the Ministry of Labour and Social Protection controls the quality of the services provided.

The level of the average salary in the health and social service sector was, in November 2019, 3756 RON (EUR 800) monthly, higher than the national average net wage of 3179 RON (EUR 676)¹¹. However, there are significant differences between the wages of employees of the public and private providers of social services. Public sector employees gain an average wage of 45-50% more than private ones. The wage of the employees of the public providers are regulated by the law Framework Law no. 153/2017 on the remuneration of staff paid from public funds, being non-negotiable and containing bonuses for special working conditions. In the private sector the wage is negotiable. According to the private providers, they often pay their employees the national minimum wage (gross wage: 2,080 RON, net wage: 1263 RON, EUR 260)¹², even in the case of specialists. Usually the staff of private providers work longer hours than public ones and have to be able to fill several specialisations. In the public sector the procedure of hiring staff is long and bureaucratic. Both private and public providers of social services face staff shortages due to lacking financial resources and low attractiveness of the social services field, with the salaries registering a relatively low level

9 Interviews

10 2019 Report of Social Inspection, available at: http://www.mmanpis.ro/wp-content/uploads/2020/07/RAPORT-ACTIVITATE_DIS_2019.pdf

11 <http://www.insse.ro/cms/en>

12 http://mmuncii.ro/j33/images/Date_lunare/Sal_min_2020.pdf

compared to similar, less demanding positions in other fields¹³. Qualified specialist available for certain positions is another issue, especially in rural areas. This influences the capacity of local authorities to setup new and quality community-based services, especially in towns and rural communes. The quality of services is also affected by the availability of the skilled specialists.¹⁴

ANPD recognizes the limited access of adults with disabilities to social services, empowerment and rehabilitation activities as a problem to be addressed by the Strategy to be adopted for period 2021-2027.¹⁵

Day Care

Day care services are organized and financed at community level, depending on the needs identified, number of potential beneficiaries, complexity of situations and the degree of social risk, and may be provided by: public or private day centers for adults with disabilities. They include:

- ★ *Day care centres for people with disabilities* (public or private) provide a set of activities carried out at different times of the day to meet the specific individual needs of adults with disabilities to overcome difficult situations, to develop personal potential, and to prevent institutionalization. These centres carry out activities such as providing information; social and psychological counselling; enabling and rehabilitating; developing the skills of independent living; developing work skills, preparing for employment and supported employment; social and civic integration and participation.
- ★ *Ambulatory neuro-motor recovery centres for adults with disabilities* (public or private) offer specialized interventions focused on neuromotor recovery. The services provided by the public system are free of charge. NGOs commonly provide services are free of

charge, but may or may not impose fees, depending on their individual sources of funding.

The minimum capacity of a day center is eight beneficiaries/day. At the end of 2019 there were 121 day centers care service providers licensed by the National Authority for Persons with Disabilities, out of which 40 public and 81 private, 112 located in the urban areas and only 9 in rural areas. At the end of 2019 there were only 1796¹⁶ beneficiaries of the day centers in the public social services for adults with disabilities. The minimum standard cost/year/beneficiary for day care of the adults with disabilities set by the Ministry of Labour and Social Protection was set as 19,402 RON (EUR 4,128)¹⁷ in 2015 and were updated and increased in 2020 25,439 RON (EUR 5,412)¹⁸. Taking into account the number of the beneficiaries and the minimum standard cost, the amount spent for day care services are around EUR 4.5 million, out of which EUR 1.5 million in the public sector and more than EUR 3 million in the private sector¹⁹. The amount represents 0.4% of the total spending of the social services for adults with disabilities.

The development of the day care services for persons with disabilities is weak, varies widely across counties and regions and is almost undeveloped in the rural areas. There are often waiting lists for the existing day care centers²⁰.

Independent/Supported Living

The framework law specifically regulates support services delivered primarily by local administration for people with disabilities which include: home care services and specialised home care services for disabled adults, including mobile team. These are licenced social services. At the end of 2019 the number of licenced social service providers supporting independent living were 32, out

13 https://fonss.ro/wp-content/uploads/2019/12/Raport-de-cercetare_Studiu-privind-capacitatea-ONG-urilor-din-Rom%C3%A2nia-%C3%AEn-furnizarea-serviciilor-sociale-versus-disponibilitatea-de-contractare-a-autorit%C4%83%C8%9Bilor-locale-%C8%99i-jude%C8%9Bene.pdf

14 Interviews

15 <http://anpd.gov.ro/web/despre-noi/programe-si-strategii/consolidarea-mecanismului-de-coordonare-a-implementarii-conventiei-onu-privind-drepturile-persoanelor-cu-dizabilitati/>

16 <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/5888>

17 <http://legislatie.just.ro/Public/DetaliiDocument/210600>

18 <http://legislatie.just.ro/Public/DetaliiDocument/226519>

19 Calculation made by the author based on the statistical data provided by the Ministry of Labour and Social Protection

20 Interviews

of which 10 public and 22 privates, 29 located in the urban areas and 6 in rural areas. Home care services are not very developed, at the end of 2019 there were only 21 beneficiaries of the specialised home care services, including mobile team and 89 beneficiaries of home care services²¹. Taking into account the number of the beneficiaries and the amounts spent for services supporting independent living of the adults with disabilities in 2019, other than personal assistants /caregivers/ monthly were around 2 million Euro, out of which a quarter (0.5 million Euro) was spent in public social services and three quarters (1.5 million Euro) in private social services²².

Personal assistant

Besides licensed social services for persons with disabilities the home care of most of the severely disabled persons is provided by personal assistants. Adults with severe disability are entitled to a personal assistant, based on the socio-psycho-medical evaluation. Adults with a severe disability can choose between having a personal assistant and receiving a monthly allowance from the local council. A personal assistant is a person employed and paid by the local council of the municipality/ town/ commune where the severely disabled person resides. The personal assistant is in most of the cases a family member, not a professional, qualified and trained person. The supervision of the personal assistant is carried out by the public social assistance service at local level.

The local public administration authorities have the obligation to stipulate in the local budget the necessary amounts from which the salary is supported, as well as the other rights due to the personal assistant, according to the law. The amounts would have to be ensured in a proportion of at most 90% from the central state budget, from amounts deducted from the value added tax, based on the number of beneficiaries communicated by the administrative-territorial units. The amounts are provided every year in the Annex 5 of the Law on the state budget.

In last two years the amounts were decreased. In 2020 the amount represented only 50% of the needs estimated by the administrative-territorial units.²³ Each county council approves the amounts for each municipality, town and commune in the county and transfer the amounts for the payment of the personal assistants of the severely disabled persons and of the monthly allowance. In case the amounts received are not meeting the needs, each local council of the municipality, town and commune have to take necessary steps to ensure the payment of the wage of the personal assistants and monthly allowance for adults with disabilities. This result sometimes in delays in payment of wage of the personal assistant/ monthly allowance²⁴. According to the 2018 Report on Social Inclusion²⁵ in Romania, the latest available data at the time of drafting this factsheet in late 2020, 141,682 people with severe disabilities benefited from a monthly allowance; 74,535 people with severe disabilities had a personal assistant and 38,997 were beneficiaries of an allowance for the caregiver of the persons with severe visual disability. The monthly allowance is spent often for paying informal caregivers due to the fact that there are no social services available, especially in the rural areas. Although it should be the person with disabilities' choice the personal assistant or the monthly allowance, in rural areas there is a pressure from local authorities to accept the monthly allowance instead of personal assistant because the spending and administrative issues are less.²⁶

The net wage of personal assistants varies with the seniority, being between 1,346 RON²⁷ (EUR 286), which corresponds to the monthly allowance for adults with disabilities, and 1,609 RON (EUR 342). The wage could be increased with a bonus of 15% of the wage.

In the case of persons with major visual disability the allowance for the caregiver is ensured from the central state budget. In 2019, the amount spent for caregivers of the persons with major visual disability was EUR 125 million²⁸ and the number of the beneficiaries was 38,997.

21 <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/5888>

22 Calculation made by the author based on the statistical data provided by the Ministry of Labour and Social Protection

23 Law no 5/2020 on the state budget: <http://legislatie.just.ro/Public/DetaliiDocument/221847>

24 Interviews

25 http://www.mmuncii.ro/j33/images/Documente/Familie/2020/14012020Raport_incluziune_RO_2018.pdf

26 Interviews

27 <http://legislatie.just.ro/Public/DetaliiDocument/77815>

28 <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/5888>

The local public authorities (municipalities, towns and communes) have the obligation to ensure free training of personal assistants every 2 years, but the quality of the training is often poor. Other problem in their case is the number of working hours, the rest hours, annual leaves and the lack of services in day centers or respite centers. They need training but also spare time for training.

Most of the amounts (85%, EUR 900 millions²⁹) of the social services for adults with disabilities are spent for social services supporting independent living of adults with disabilities (including caregivers of the persons with major visual disability), mainly for the wage of the personal assistants/monthly allowances, but most of the personal assistants/caregivers are not sufficiently qualified or trained to meet the needs of the disabled adults.

Long Term Institutional Care

Residential centers functioning in Romania are: *sheltered housing*, with a number of beneficiaries between 2 and 10; *care and assistance centres for adults with disabilities* and *centres for recuperation and rehabilitation*, with a maximum 50 beneficiaries for the newly opened centers. Persons with disabilities are admitted to a residential center only when they cannot be provided with protection and care in their own home or in other services in the local community where they reside. Admission in a residential centre is based on a service contract concluded between the person with disabilities, as a social service beneficiary, and the social service provider, in accordance with the Individual Rehabilitation and Social Integration Program. In a residential centre the social services may be supplied in an integrated system with medical, training and employment services. There are often long waiting lists for public financed residential centre and recovery and rehabilitation centres are in many cases overpopulated.

The financing of public residential centers for adults with disabilities is ensured from the state budget, through the budget of the local authority at county or municipal, town or commune level, as the case may be, from amounts deducted from the value added tax allocated for this purpose, estimated by the Ministry of Labour and Social Protection based on cost standards calculated for

beneficiaries / types of social services. The amounts are provided every year in the Annex 4 of the Law on the state budget. In last two years the amounts decreased and in 2020 the sum represented only 50%³⁰ of the needs estimated by the Ministry of Labour and Social Protection. The local authorities have to finance the other 50% of the amount needed.

Most of the private providers of social services in residential centers are financed through partnership agreements or contracts obtained through public procurement procedures with the county council /local council. Other funds are obtained from the subsidies received on the basis of Law 34/1998 or grants received on the basis of the Law 350/2005, sponsorships and donations and beneficiaries' contributions.

Persons with disabilities who receive care in residential centres must pay a monthly contribution which was set up to RON 900 (EUR 191) in 2019. There is no obligation to pay the monthly contribution if the average net income per family member is under RON 1,450 (EUR 302) per month. Persons with severe mental and/or mental disabilities assisted in public residential centers for adults with disabilities and their legal supporters are exempted from paying the monthly maintenance contribution. The related costs are supported by the local county budgets, respectively of the sectors of Bucharest.

At the end of 2019 there were 402³¹ residential centres for adults with disabilities at national level. Several residential centers have more than 200 beneficiaries and around 100 centers have a capacity of more than 50 beneficiaries³². These large residential centers could not ensure the quality of services regarding the rehabilitation and social integration services of the adults in the community. On December 31st, 2019 a number of 17,562 persons were institutionalised in residential centers. About two thirds (60.27%) of public residential institutions for adults with disabilities are: a) care and assistance centers (27.99%), with 6,312 beneficiaries, and b) sheltered housing (32.28%), with 1,029 beneficiaries. They represent 41.80% of the total number of 17,562 people in residential institutions. A significant number of beneficiaries also exist in the 74 recovery and rehabilitation centers neuropsychiatric, respectively 6,121

29 Calculation made by author based on the statistical data provided by the Ministry of Labour and Social Protection

30 <http://legislatie.just.ro/Public/DetaliuDocument/221847>

31 <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/5888>

32 <https://ec.europa.eu/esf/main.jsp?catId=68&langId=en&eventId=1421>

people (34.85%)³³. According to the press release of ANPD on 11 May 2020, there were 1,462 adults with disabilities in 110 private residential services³⁴.

The amount spent for social services for adults with disabilities in residential centers is around EUR 143 million³⁵, out of which EUR 136 million is spent in the public sector and EUR 7 million in the private sector. The amount represents 13.6%³⁶ of the total amount spent for social services for adults with disabilities.

One of the major long-term objectives of the ANPD and Ministry of Labour and Social Protection is to reduce the number of people with disabilities living in large residential institutions and to reorganize adult centers with a capacity of more than 50 residents, increasing the number of sheltered housing and day centers³⁷. In this respect ANPD and Ministry of Labour and Social Protection implement programs of national interest for development of social services or investments in the infrastructure of social services providers, funded by the state budget or by European Funds. The process is very slow because after the transfer of beneficiaries to sheltered housing and day centers, the financing of the social services will

remain in the responsibility of the local authorities. On the other hand, the demand for residential center services is high due to the lack of alternative social services in communities, supporting independent life.

The quality of services regarding the recovery, rehabilitation and social integration of the adults with disabilities in the community is weak, due to the high number of beneficiaries existent in centers and the lack of the qualified staff, especially in rural areas³⁸.

Respite Care

The respite services – ranging from a few hours to several days – for families or caretakers of persons with disabilities are offered by public and private providers. Public respite centers are funded by the state budget as residential centers. At the end of 2019 there were only 5 respite centers licenced at national level, 4 in urban areas and only one in rural area, all being public social services, with only 37 beneficiaries³⁹. The amounts spent in 2019 in respite centers were marginal (EUR 177,450)⁴⁰.

33 <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/5888>

34 <http://andpdca.gov.ro/w/situatia-rasandirii-epidemieii-covid-19-in-sistemul-de-asistenta-si-protectie-a-copilului-la-pana-la-data-de-10-mai-2020/>

35 Calculation made by author based on the statistical data provided by the Ministry of Labour and Social Protection

36 Calculation made by author based on the statistical data provided by the Ministry of Labour and Social Protection

37 <http://anpd.gov.ro/web/despre-noi/programe-si-strategii/consolidarea-mecanismului-de-coordonare-a-implementarii-conventiei-onu-privind-drepturile-persoanelor-cu-dizabilitati>

38 Interviews

39 <http://mmuncii.ro/j33/index.php/ro/transparenta/statistici/buletin-statistic/5888>

40 Calculation made by author based on the statistical data provided by the Ministry of Labour and Social Protection

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- ★ Dorina Suciu Trifu, Private Social Service Provider, Non-Governmental Professional Association for Social Assistance, ASSOC, Head of Social Services, Interview on 11th of September, 2020
- ★ Anna Maria Neagoe, Regulator, General Director of National Authority for Persons with Disabilities, ANPD, Interview on 15th of September, 2020
- ★ Puiu Lucian, Employee, President of the Trade Unions of Employees in the field of Social Assistance Columna, Interview on 23rd of September, 2020
- ★ Andreia Moraru, Expert, Private provider, Dizabnet network, Interview on 23rd of September, 2020
- ★ Diana Chiriacescu, Expert, General Director, Federation of the NGOs for Social Services, Private provider, Interview on 24th of September, 2020
- ★ Anonymous personal assistant, Interview on 25th of September, 2020
- ★ Anonymous user, Interview on 25th of September, 2020

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EASPD is the European Association of Service providers for Persons with Disabilities. We are a European not-for-profit organisation representing over 17,000 social services and disability organisations across Europe. The main objective of EASPD is to promote equal opportunities for people with disabilities through effective and high-quality service systems.



European Association of Service providers for Persons with Disabilities
Handelstraat 72 Rue du Commerce, B-1040 Brussels
+32 2 233 77 20 | info@easpd.eu | www.easpd.eu

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